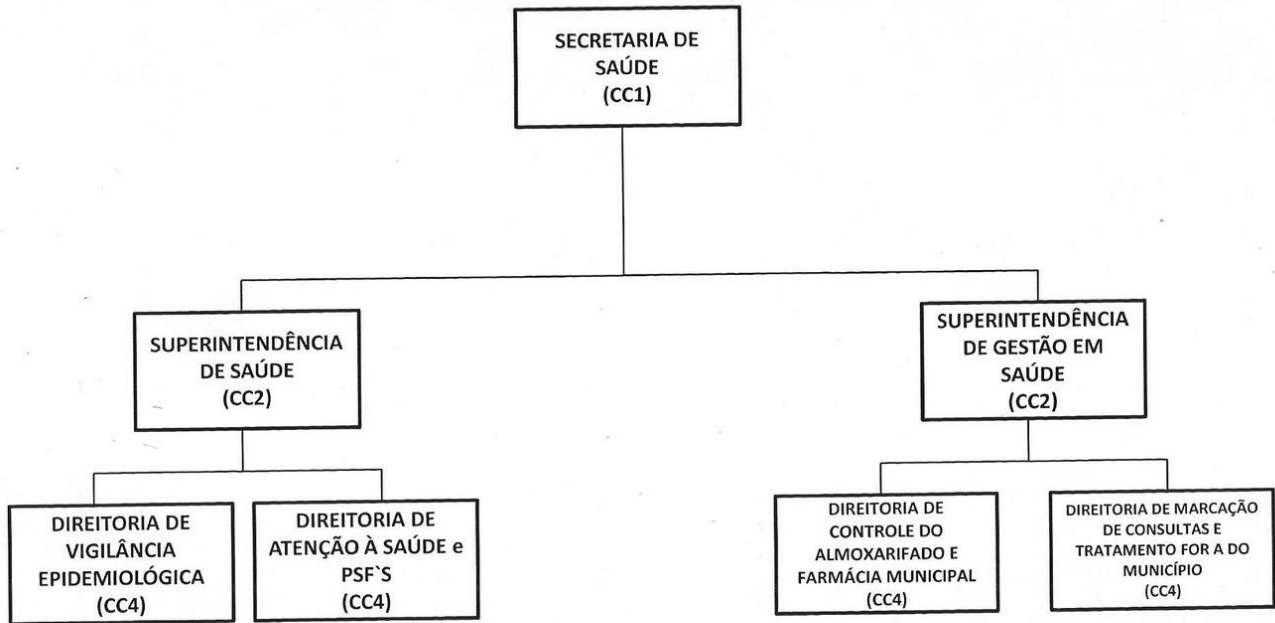


## ANEXO V – SECRETARIA MUNICIPAL DE SAÚDE



*Handwritten signature*